

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK**

**APPLICATION FOR SPOKEN LANGUAGE INTERPRETER IN A
PROCEEDING INSTITUTED BY THE UNITED STATES**

Case Name: In re _____ Case No. _____

Adversary Proceeding **instituted** by the **United States**:

Adversary Proceeding No.: _____

In accordance with Judicial Policy, and the policy and guidelines of this Court, a request for a Court provided spoken language interpreter is made as follows:

Language Requested: _____

For a Hearing Before Judge: _____

Hearing Date/Time/Location: _____

Applicant's Role in the Hearing:

☐ Debtor ☐ Plaintiff ☐ Defendant ☐ Witness ☐ Other (specify) _____

I certify under penalty of perjury that I am a party or witness who speaks only or primarily a language other than English so as to inhibit my understanding or communication in this proceeding, that renders me eligible for receipt of a spoken language interpreter.

Date: _____

Applicant's Signature: _____

Print Name: _____

Telephone No.: _____

Email Address: _____

This Application for Spoken Language Interpreter must be submitted to the Access Coordinator listed below at least two (2) weeks prior to the date of the court proceeding.

By Mail or Delivery Service:

OR By Email:

Frank Faragon, Chief Deputy
U.S. Bankruptcy Court
James T. Foley U.S. Courthouse
445 Broadway, Suite 330
Albany, NY 12207
(518) 257-1661

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